

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Globe

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

County Registrar No. \_\_\_\_\_

Local Registrar No. 76No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Ruby Colvin } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Apr. 30, 1928  
Month day year8. FATHER Full name Thomas Colvin 14. MOTHER Full maiden name Carmen Lopez9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state10. Color or race Mexican 11. Age at last birthday 27 (Years) 16. Color or race Mexican 17. Age at last birthday 22 (Years)12. Birthplace (city or place) Safford Ariz. 18. Birthplace (city or place) Mogallon, New Mexico  
(State or country)13. Occupation Nature of industry miner 19. Occupation Nature of industry Housewife20. Number of children of this mother { (a) Born alive and now living three (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 p.m. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature T. C. Harper (Physician or midwife)  
Address Globe, Ariz.Given name added from a supplemental report \_\_\_\_\_ Filed 5/10 1928 Local Registrar. \_\_\_\_\_

Registrar. \_\_\_\_\_

Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar. \_\_\_\_\_

935-430-339